

## **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

	00936	,00936 (Prior Period)	NAIC Company Code	15104	Employer's ID	Number _	46-0906893
Organized under the Laws of	,	Michigan	. St	ate of Domicile	e or Port of Entry		Michigan
Country of Domicile		<u> </u>		ted States			
Licensed as business type:	Life, Accide	nt & Health [ ]	Property/Casualty	. 1	Hospital, Medical &	Dental Ser	vice or Indemnity [ ]
	Dental Serv	ice Corporation [ ]	. ,	•	Health Maintenance	e Organizati	ion [X]
	Other [ ]		Is HMO, Federally	Qualified? Ye	es[]No[X]		
Incorporated/Organized		08/15/2012	Commer	ced Business		04/17/20	13
Statutory Home Office		100 Galleria Officent	re Suite 210A		Southfield	, MI, US 48	1034
,		(Street and Nu			(City or Town, Stat		
Main Administrative Office			2	200 Stevens D			
Phliad	delphia, PA, l	JS 19113		(Street and Numb	er) 215-937-8000	)	
(City or To	wn, State, Country				(Area Code) (Telephone		
Mail Address		ria Officentre, Suite 2 t and Number or P.O. Box)	10A,		Southfield, MI,		
Primary Location of Books a	,	t and training of the Edward		200 \$	Stevens Drive	and zip o	000)
District	dalakia DA I			(Stre	et and Number)		
	delphia, PA, U wn, State, Country		·	(Are	215-937-8000 ea Code) (Telephone Numb		
Internet Web Site Address			www.amerihea	Ithcaritasvipca	areplus.com		_
Statutory Statement Contac	t	Robert Michael	Gregor,			37-5312	
rgregor(	@amerihealth				(Area Code) (Telepho 215-937-5049		xtension)
	(E-Mail Addres	s)			(Fax Number)		
			OFFICERS				
Name Steven Harvey Bohn	or	Title Treasurer	Poh	Name	e otle, Esquire #_,	•	Title Secretary
Sarah Matt Owens		President		sit Lawaia 10			
			OTHER OFFICI	ERS			
					,		
Steven Harvey Bohn	۵r	<b>DIRE</b> Eileen Mary Co	CTORS OR TR	USTEES James Michae	ıl lernigan		
Steven Harvey Bonn	<u> </u>	Lileen Mary Co	ggiris .	James Michae			
State of	Pennsylvania						
County of	Philadelphia						
The officers of this reporting en above, all of the herein describ-							
that this statement, together w liabilities and of the condition a	ith related exhi	bits, schedules and exp	lanations therein contained	l, annexed or re	eferred to, is a full and	true stateme	ent of all the assets and
and have been completed in ac may differ; or, (2) that state rule	cordance with t	he NAIC Annual Statemo	ent Instructions and Accour	ting Practices a	nd Procedures manual e	except to the	extent that: (1) state law
knowledge and belief, respective when required, that is an exact	ely. Furthermo	re, the scope of this atte	station by the described of	ficers also inclu	des the related correspo	nding electro	onic filing with the NAIC,
regulators in lieu of or in addition			s due to electronic illing) o	the enclosed s	statement. The electroni	c illing may i	be requested by various
			D				
Steven Harve Treasu			Robert Edward Tootle,   Secretary	=squire		Sarah Matt Preside	
			-		Alain an aniain at Ellinas	_	
				a. is	i this an original filling	?	Yes [ X ] No [ ]
Subscribed and sworn to b				b. If			Yes [ X ] No [ ]
Subscribed and sworn to be day of		y, 2017		b. If 1.			Yes [ X ] No [ ]

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
			-			·
		1	-			·
		·			·····	·
		<u> </u>				<u> </u>
					-	†
	VOV					
0299997 Group subscriber subtotal	<b>1</b> 0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed 0299999 Total group	ļ	ļ		ļ		
1029999 Total group	<del> </del> <sup>U</sup>	ļ	ļ	J	J	ļ <sup>0</sup>
U39999 Premiums due and unpaid from Medicare entitles	ł	·	·		ł	·
0499999 Premiums due and unpaid from Medicaid entities	<u> </u>	1	0			1
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1 0	1 0	1 0	1 0	1 0	U U

#### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXIIIDII 0 - I	_		10110	_		
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables	-	•		-		
PerformRx, LLC.		119,153	119,154		628,245	357,460
0199999 - Pharmaceutical Rebate Receivables	119,153			628,245	628,245	357.460
Claim Overnayment Receivables	1, 11	.,	., .	,	,	
RIVERVIEW HEALTH & REHAB CENTER VENT UNI. REGENTS OF THE UNIVERSITY OF MICHIGAN MEDILODGE OF STERLING HEIGHTS. HERITAGE MANOR NURSING AN DREHAB CENTER.	99 933	I				
REGENTS OF THE UNIVERSITY OF MICHIGAN			95			
MEDILODGE OF STERLING HEIGHTS	17.406				17,406	
HERITAGE MANOR NURSING AN DREHAB CENTER	16,087				16,087	
OVA HEALTHCARE RENAL CARE INC.		15,587			15,587	
OVA HEALTHCARE RENAL CARE INC UNIVERSITY OF MICHIGAN DIALYSIS-LIVONIA		1	2,552		11,125	
0299998 - Aggregate of amounts not individually listed above.	56,723	71,584	3,825		132,132	
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	190,369	120,815	6,472	0	317,656	0
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	1			1		
0799999 Gross Health Care Receivables	309,522	239,968	125,626	628,245	945,901	357,460

#### EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected he Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	724,749	669 , 322		985,705	724,749	674,775
Claim overpayment receivables	47 ,064	2,732,272		317,656	47,064	57 ,585
Loans and advances to providers					0	
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	771,813	3,401,594	0	1,303,361	771,813	732,360

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	Claims			_	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
					• • • • • • • • • • • • • • • • • • • •	
0199999 Individually listed claims unpaid	0	0	0	0	0	]
0299999 Aggregate accounts not individually listed-uncovered						ļ
0399999 Aggregate accounts not individually listed-covered	2,805,744				62	2,805,800
0499999 Subtotals	2,805,744	0	0	0	62	2,805,800
0599999 Unreported claims and other claim reserves						11,703,610
0699999 Total amounts withheld						., 5 :-
0799999 Total claims unpaid						14,509,422
0899999 Accrued medical incentive pool and bonus amounts						

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
				+			
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			ļ	ł	l		
0199999 Individually listed receivables	0	ļ0	J	ļ0	ļ0	0	0
0299999 Receivables not individually listed				1			
0399999 Total gross amounts receivable	0	0	0	1 0	0	0	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Health Plan	dministrative services and other costs	537 , 296	537 , 296	
AmeriHealth Caritas Services, LLC	taffing Agreement	254,776	254,776	
AmeriHealth Caritas Health Plan. AmeriHealth Caritas Services, LLC. S PerformRx, LLC. D	taffing Agreementrug Therapy Management Program	33,220	33,220	
0199999 Individually listed payables.		825,292	825,292	0
0199999 Individually listed payables		, i		
0399999 Total gross payables		825,292	825,292	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
Intermediaries		0.0		0.0		
3. All other providers	585 ,716	8.0	L3,399 L	100.0		585,716
Total capitation payments	585,716	8.0	3,399	100.0	0	585,716
Other Payments:						
5. Fee-for-service		0.0	lxxx	XXX		
Contractual fee payments	72,696,671	99.2	xxx	XXX	,	72,696,671
Bonus/withhold arrangements - fee-for-service			Lxxx	XXX		
Bonus/withhold arrangements - contractual fee payments			Lxxx	XXX		
9. Non-contingent salaries			xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	72,696,671	99.2	xxx	XXX	0	72,696,671
13. Total (Line 4 plus Line 12)	73,282,387	100 %	XXX	XXX	0	73,282,387

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EARIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VIAILDIWILIE	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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			<u> </u>		<u> </u>
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍┕					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

ALO O CONTROL COMPANY DE CONTROL	t Battalista a co			DUDING THE VEAD	0040			(LOCATION)	10.0	45404
AIC Group Code 00936 BUSINESS IN THE STATE OF	Michigan	Compre	hensive	DURING THE YEAR	2016			NA 	C Company Code	15104
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual		Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year								3,369		
2 First Quarter	2,881							2,881		
3 Second Quarter								3,819		
4. Third Quarter	3,586							3,586		
5. Current Year	3,399							3,399		
6 Current Year Member Months	39,738							39,738		
Total Member Ambulatory Encounters for Year:										
7. Physician	9,261							9,261		
8. Non-Physician	12,593							12,593		
9. Total	21,854	0	0	0	0	0	0	21,854	0	
10. Hospital Patient Days Incurred	2,503							2,503		
11. Number of Inpatient Admissions	405							405		
12. Health Premiums Written (b)	78,253,972							78,253,972		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	78,253,972							78,253,972		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	73 , 282 , 387							73,282,387		
18. Amount Incurred for Provision of Health Care Services	74,211,935							74,211,935		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......78, 253, 972



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

ALC Crown Code 00006 DUCINITIES STATE OF	Canadidatad			DUDING THE VEAD	2016			(LOCATION)	IC Compony Cod-	15104
AIC Group Code 00936 BUSINESS IN THE STATE OF	Consolidated	Compre	nensive	DURING THE YEAR	5	6	7		IC Company Code	15104
	1	(Hospital &	Medical) 3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,369	0	0	0	0	0	0	3,369	0	
2 First Quarter	2,881	0	0	0	0	0	0	2,881	0	
3 Second Quarter	3,819	0	0	0	0	0	0	3,819	0	
4. Third Quarter	3,586	0	0	0	0	0	0	3,586	0	
5. Current Year	3,399	0	0	0	0	0	0	3,399	0	
6 Current Year Member Months	39,738	0	0	0	0	0	0	39,738	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	9,261	0	0	0	0	0	0	9,261	0	
8. Non-Physician	12,593	0	0	0	0	0	0	12,593	0	
9. Total	21,854	0	0	0	0	0	0	21,854	0	
10. Hospital Patient Days Incurred	2,503	0	0	0	0	0	0	2,503	0	
11. Number of Inpatient Admissions	405	0	0	0	0	0	0	405	0	
12. Health Premiums Written (b)	78,253,972	0	0	0	0	0	0	78,253,972	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	78,253,972	0	0	0	0	0	0	78,253,972	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	73,282,387	0	0	0	0	0	0	73,282,387	0	
18. Amount Incurred for Provision of Health Care Services	74,211,935	0	0	0	0	0	0	74,211,935	0	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......78, 253, 972

# Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

#### Ç

9999999 Totals

### **SCHEDULE S - PART 3 - SECTION 2**

1 2 3 4 5 Type of Type of Domiciliary Reinsurance Business Premiums Taken Other than for Outstanding Surplus Relief 13 14 Name Other than for Coinsurance Funds Withheld		Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
NAIC Company ID Effective Of Of Company Code Number Date Company Under Code Number Date Company Code Number Date Company Under Code Code Coded Premiums (Estimated) Uncarned Premiums (Estimated) Uncarned Premiums (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Coinsurance Reserve Under Coinsurance (Estimated) Uncarned Premiums (Estimated) Uncarned Premiums Unca				T Re	insurance Ceded A	Accident and near	THE TENED TO THE T	a by Kemsuring Con	ipany as or Decenn	Uer 31, Current rear			1		
NAIC Company ID Effective Date Company ID Date Company Under Code Number Date Company ID Date Company Unisdiction Code Number Date Company Unisdiction Code Number Date Company Unisdiction Code Number Code Number University Current Year Prior Year Reserve Unider Coinsurance (Estimated)  199,734 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	2	3	4	5	١	<b>'</b>	8	a	10	Outstanding	Surplus Relief	13	14	
Company ID Effective Date Octation of Company ID Date Company Durisdiction Ceded Ceded Premiums (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Coinsurance Reserve Under Coinsurance (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Coinsurance (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Coinsurance (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Coinsurance Reserve Under Coinsurance (Estimated) Uncarned Premiums Current Year Prior Year Reserve Under Coinsurance Reserve Under Co	NAIC	-	J	Name		Type of	Type of		-					'-	
Code         Number         Date         Company         Jurisdiction         Ceded         Ceded         Premiums         (Estimated)         Unearned Premiums         Current Year         Prior Year         Reserve         Under Coinsurance           General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates         0.501/2015         AMERICAN NATL INS CO.         TX         SSL/I/A         MR         199,734         0 <t< td=""><td></td><td>l ID</td><td>Effective</td><td></td><td>Domiciliary</td><td></td><td></td><td></td><td></td><td></td><td></td><td>  '-</td><td></td><td>Funds Withheld</td></t<>		l ID	Effective		Domiciliary							'-		Funds Withheld	
60739     .74-0484030     .05/01/2015     AMERICAN NATL INS CO.     .TX     .SSL/I/A     MR     .199,734				Company				Premiums			Current Year	Prior Year		Under Coinsurance	
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates       199,734       0									,				•		
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates       199,734       0       0       0       0       0       0         1199999 - General Account - Authorized - Total General Account Authorized Authorized - Total Genera		74-0484030	05/01/2015	AMERICAN NATL INS CO	ТХ	SSL/1/A	MR								
1199999 - General Account - Authorized - Total General Account Authorized       199,734       0       0       0       0       0       0         3499999 - General Account - Total General Account Authorized, Unauthorized and Certified       199,734       0       0       0       0       0       0									0	0	0	0	0	0	
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified 199,734 0 0 0 0 0 0									0	0	0	0	0	0	
									0	0	0	0	0	0	
6999999 - Total U.S. (sym of 0399999, 1499999, 1999999, 2599999, 3799999, 4899999, 3799999, 4899999, 3799999, 4899999, 3799999, 489999, 48999, 489999, 489999, 489999, 48999, 48999, 4899, 48999, 48999, 48999, 48999, 48999, 489999									0	0	0	0	0	0	
	6999999	- Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	d 6499999)	199,734	0	0	0	0	0	0	
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199,734

Schedule S - Part 4

Schedule S - Part 5

### **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2016	2015	2014	2013	2012
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
Title XVIII-Medicare	200	117	0	0	0
Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	55	0	0	0	0
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	0	0	0	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	28,045,385		28,045,385
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	371,136		371,136
6.	Total assets (Line 28)	28,416,521	0	28,416,521
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,509,422	0	14,509,422
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	2,048,374		2,048,374
15.	Total liabilities (Line 24)	16,557,796	0	16,557,796
16.	Total capital and surplus (Line 33)	11,858,725	XXX	11,858,725
17.	Total liabilities, capital and surplus (Line 34)	28,416,521	0	28,416,521
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers.	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						-
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN		-			·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ			ļ			
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		ļ				
41. South Carolina	SC		<b>.</b>				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

### 4

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	47 - 1233198	-			Independence Health Group, Inc.	PA	UIP	Independence Health Group,			Independence	N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Inc	Ownership	100.0	Health Group, Inc	N	
00000			20-2420401				Allier mearth, me	J /\	011	1110	. owner sirrp	100.0	Independence		
													Health Group, Inc.		
													/ DaVita		
00000		00000	40 5000475				Total on Health 110	DE	NII A	Anna Maraldha I an	O	04.0	HealthCare		
00000		00000	46 - 5339475	-			Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc	Ownership	81.0	Partners, Inc Independence	N	
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100 0	Health Group, Inc	N	
00000										, , , , , , , , , , , , , , , , , , ,			Independence		
00000		00000	98-0438502				InsPro Technologies Corp	DE	NIA	Independence Blue Cross, LLC	.Ownership	28.9	Health Group, Inc	N	
00000		00000	00 0000500				T	D.				400.0	Independence		
00000	Independence Health Group.	00000	23-2800586	-			The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	. Ownership	100.0	Health Group, Inc Independence	N	
00936	Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	I A	Independence Blue Cross, LLC.	Ownership	100.0	Health Group, Inc	N	
00000	Independence Health Group,	12012	00 002000 1				Thought on the corp.			<u>'</u>	'		Independence	,	
00936	Inc	95794	51-0296135				Healthcare Delaware, Inc	DE	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
	Independence Health Group,	20054					l	25				400.0	Independence		
00936	Inc	60254	23-2865349	-			Independence Insurance, Inc	DE	I A	Independence Blue Cross, LLC	. Ownership	100.0	Health Group, Inc Independence	N	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC.	Ownershin	100.0	Health Group, Inc	N	
00000			00 0 1200 10				Transfer Moder and Co. Et a			<u>'</u>	'		Independence		
00000		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	00.0004000				NS Assisted Living Communities,	D.4				400.0	Independence		
00000		00000	23-2824200	-			Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Heal'th Group, Inc Independence	N	
00000		00000	23-2982367				Independence Holdings, Inc	PA	NI A	Independence Blue Cross, LLC.	Ownership	100.0	Health Group, Inc	N	
00000			20 2002007				That open a one or a mge, me	, , , , , , , , , , , , , , , ,	1	Imasponasnes Bras sress, E2s	. o		Independence		
													Health Group, Inc.		
00000		00000	00.0044000				MANUE Halding Organia	D.	NII A	Ladarandaran Haldinan La	O	50.0	/ Mercy Health		
00000		00000	23-2944969	·			KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc Independence Holdings, Inc.	. ownersiiip	J	Plan	<sup>N</sup>	
										(93.7%) / QCC Insurance			Independence		
00000		00000	66-0195325				PRHP, Inc	PR	NIA	Company (6.3%)	Ownership	100.0	Health Group, Inc	N	
	Independence Health Group,		00 0404005									400 -	Independence		
00936	Inc	93688	23-2184623	-			QCC Insurance Company	PA	I A	Independence Blue Cross, LLC	. Ownership	100.0	Health Group, Inc Independence	N	
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100 0	Health Group, Inc	N	
00000			0. 0001001				International Plan Solutions,	, /\		Control of the cont	. o o o p		Independence		
00000		00000	27 - 0204996				LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Health Group, Inc	N	
							l	25		International Plan Solutions,			Independence		
00000		00000	23-2903313	-			Highway to Health, Inc	DE	NIA	LLC	.Ownership	13.0	Health Group, Inc	N	
00000		00000	98-0408753				HTH Re. Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership.	13 0	Independence Health Group, Inc	N	
00000			00 0400100				Worldwide Insurance Services,	ا		" '	'		Independence	J\	
00000		00000	54-1867679	.]			LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	lN	

			_												
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID.	Follows		Publicly	Names of	D	to	Discoult Constantly II.	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	/ ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Oodc	Group Warne	Oouc	IVallibei	NOOD	Oiit	international)	AmeriHealth Administrators,		Linuty	(Name of Entry) crossin	milderice, Other)		Independence	(1/14)	
00000		00000	23-2521508				Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	40 0455000				Oalf Foodad Baretita I.a.	AL I	NII A	AmeriHealth Administrators,	0	400.0	Independence		
00000	Independence Health Group,	00000	. 13-3155962				Self Funded Benefits, Inc	NJ	NIA	Inc	Ownership	100.0	Health Group, Inc Independence	N	
00936	Inc.	16053	81-3078234				Independence Assurance Company	РА	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	l N	
	Independence Health Group,						' '						Independence		
00936	Inc.	95044	23-2314460				AmeriHealth HMO, Inc	PA	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc.	N	
00936	Independence Health Group,	95056	23-2405376				Keystone Health Plan East, Inc	PA	I IA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc.	l N	
00930	Independence Health Group,	90000	23-2403370				Independence Hospital Indemnity			Independence brue cross, LLC.	Ownersinp	100.0	Independence		
00936		54704	23-0370270				Plan'. Inc	PA	A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
							Independence Blue Cross	<b>.</b>	A-11	Independence Hospital			Independence	ll	
00000		00000	. 36-4685801				Foundation	PA	OTH	Indemnity Plan, IncIndependence Hospital	Board	0.0	Health Group, Inc	N	
	Independence Health Group.						Inter-County Hospitalization			Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc.	54763	23-0724427				Plan, Inc	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	N	
										Independence Hospital			Independence		
00936	Independence Health Group, Inc.	53252	. 23-2063810				Inter-County Health Plan, Inc	PA	I A	Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	E0.0	Health Group, Inc. / Highmark Health	l M	
00930	1110	00202	. 23-2003010				AmeriHealth Casualty Holdings,			HTYTHIATK, THE. (50%)	Ownerstrip		Independence		
00000		00000	46-3878323				LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
			05 4000005					ļ <u>.</u> .	l	AmeriHealth Casualty		400.0	Independence	ll	
00000		00000	. 25-1686685				CompServices, Inc.	PA	NIA	Holdings, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	25 - 1765486				CSI Services. Inc.	РА	NIA	CompServices, Inc.	Ownership	100.0	Health Group, Inc.	l N	
00000	Independence Health Group,						AmeriHealth Casualty Insurance			AmeriHealth Casualty			Independence		
00936	Inc.	10975	. 06 - 1505051				Company	DE	I A	Holdings, LLC	Ownership	100.0	Health Group, Inc		
00000		00000	. 46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc.	l N	
00000		00000	. 40 - 3093939				Thorumgs, LLC		NI M	Allier Triear (TT, TTIC	Ownersinp	100.0	Independence	JN	
													Health Group, Inc.		
00000		00000	04 4744000					D.E.		AmeriHealth New Jersey		00.0	/ Cooper Medical		
00000		00000	. 61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	Holdings, LLC	Ownership	80.0	Services, Inc Independence	N	
													Health Group. Inc.		
							AmeriHealth TPA of New Jersey,						/ Cooper Medical		
00000		00000	61-1741805				LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	80.0	Services, Inc	N	
													Independence Health Group, Inc.		
	Independence Health Group,						AmeriHealth Insurance Company						/ Cooper Medical		
00936	Inc	60061	22-3338404				of New Jersey	NJ	I A	AmeriHealth New Jersey, LLC	Ownership	80.0	Services, Inc	]N	
													Independence		
							Amorilloalth LIMO of New Joseph						Health Group, Inc.		
00000		00000	35-2511976				AmeriHealth HMO of New Jersey,	NJ	NIA	AmeriHealth New Jersey, LLC	Ownershin	80.0	/ Cooper Medical Services, Inc	N	
00000		00000	100-2011010				1110	J¥U	NIV	Amor moarth New Jersey, LLC	Omitio 19111b		100111063, 1110	1	

									10		10	1 40			
1	2	NAIC	4 ID	5 Federal	6	7 Name of Securities Exchange if Publicly Traded (U.S. or	8  Names of Parent, Subsidiaries	9	10 Relationship to Reporting	11 Directly Controlled by	Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	14 Ultimate Controlling	Is an SCA Filing Required?	16
Group Code	Group Name	Company Code	Number	RSSD	CIK	International)	or Affiliates	Domiciliary Location	Entity	(Name of Entity/Person)	Influence Other)		Entity(ies)/Person(s)	(Y/N)	*
0000	Group Hume	0000	Hamber	ROOD	Oiit	international)	or rumates	Location	Littity	AmeriHealth, Inc. (95%) /	miliacinos, curior)	rereemage	Emity (100)/1 croon(0)	(1/14)	
										Keystone Health Plan East,			Independence		
00000		000004	45-3672640				IBC MH LLC	DE	UIP	Inc. (5%)	Ownership	100.0	Health Group, Inc.	N	
00000	Independence Health Group,	96660	23-2408039				Viete Heelth Dies Inc	PA	IA	IBC MH LLC	O	100.0	Independence		
00936	Inc	. 90000	23-2408039				Vista Health Plan, Inc	PA	I A	I IBC WH LLC	. Ownership	100.0	Health Group, Inc Independence	N	
													Health Group, Inc.		
													/ Blue Cross Blue		
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Shield of Michigan.	N	
													Independence		
							AmeriHealth Caritas Services.						Health Group, Inc. / Blue Cross Blue		
00000		00000	45-5415725				III.C.	DE	NIA	BMH LLC	Ownership	61.3	Shield of Michigan.	l N	
00000			10 0110120										Independence		
													Health Group, Inc.		
00000		00000	00.40000				BMIL OUBGO I II O	D.E.		DMILLIO	0 1:	04.0	/ Blue Cross Blue	ا., ا	
00000		. 00000	38-3946080	-			BMH SUBCO I LLC.	DE	UIP	BMH LLC.	Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
													/ Blue Cross Blue		
00000		000008	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Shield of Michigan.	N	
											,		Independence		
										DMIL OUDOO LILLO (FOX) / DMIL			Health Group, Inc.		
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61 3	/ Blue Cross Blue Shield of Michigan	l N	
00000			20-2042044				They stone raility hearth rian	7		100BC0 11 EEC (30%)	. Owner strip		Independence		
													Health Group, Inc.		
										BMH SUBCO I LLC (50%) / BMH			/ Blue Cross Blue		
00000		. 00000 2	23-2859523				AmeriHealth Caritas Health Plan.	PA	UDP	SUBCO II LLC (50%)	Ownership	61.3	Shield of Michigan.	N	
													Independence Health Group, Inc.		
	Independence Health Group.						AmeriHealth Caritas Louisiana.			AmeriHealth Caritas Health			/ Blue Cross Blue		
00936	Inc.	14143	27 - 3575066				Inc.	LA	IA	Plan	Ownership	61.3	Shield of Michigan.	N	
											,		Independence		
							l						Health Group, Inc.		
00000		00000	47 - 5566319				AmeriHealth Caritas Virginia, Inc	VA	NIA	AmeriHealth Caritas Health Plan	Ownership.	61.2	/ Blue Cross Blue Shield of Michigan	l M	
00000			+1 •0000018				TIIG	v A		.			Independence	N	
													Health Group, Inc.		
	Independence Health Group,									AmeriHealth Caritas Health			/ Blue Cross Blue		
00936	Inc	. 15800 4	47 - 3923267				AmeriHealth Caritas Iowa, Inc	A	I A	Plan	Ownership	61.3	Shield of Michigan.	N	
													Independence		
	Independence Health Group.						AmeriHealth Caritas Georgia,			AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00936	Inc.	14692	20-2467931				Inc.	GA	I A	Plan.	Ownership.	61.3	Shield of Michigan.	l N	
00000	1110	. 1002		4			1110		4 // //	1 100	4 o o i o i i i b	1	oniona or mitoringan.	4JY -	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	15	Follows		Publicly	Names of		to		Management,	Ownership	LUC	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)		*
	Group Hame			1.002	0	torriationally	o. 7 millione	2004.0		(riamo di Zinasyri dideni)		. crocinage	Independence	(1711)	
	Lades and as a Haalth Casus									Amonillanith Coniton Hanith			Health Group, Inc.		
00936	Independence Health Group, Inc	15104	46-0906893				AmeriHealth Michigan, Inc	MI	RF	AmeriHealth Caritas Health	Ownership	61.3	/ Blue Cross Blue Shield of Michigan	N	
00000		10101	. 10 0000000				Trainer Hourt III III I I I I I I I I I I I I I I I				отпототтр		Independence	]	
	Ladanandanan Hanlib Canus						Coloot Hoolth of Court			Amonillanith Coniton Hanith			Health Group, Inc. / Blue Cross Blue		
00936	Independence Health Group, Inc.	95458	57 - 1032456				Select Health of South Carolina, Inc	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Shield of Michigan	N	
00000		00 100	1002100								отпототтр		Independence	1	
	Ladanandanan Hanlib Canus						Amerillanith Coniton District of			Amonillanith Coniton Hanith			Health Group, Inc.		
00936	Independence Health Group, Inc	15088	46 - 1480213				AmeriHealth Caritas District of Columbia. Inc.	DC	IA	AmeriHealth Caritas Health	Ownership	61.3	/ Blue Cross Blue Shield of Michigan.	N	
00000		10000									5 mio i Giri p		Independence		
										AmeriHealth Caritas Health			Heal'th Group, Inc. / Blue Cross Blue		
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	Plan	Ownership.	61.3	Shield of Michigan	N	
							,						Independence		
													Health Group, Inc. / Blue Cross Blue		
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Shield of Michigan.	N	
										,	·		Independence	i i	
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership	61.3	Shield of Michigan	N	
											,		Independence		
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	Plan	Ownership	61.3	Shield of Michigan.	N	
													Independence		
							Community Behavioral Healthcare Network of						Health Group, Inc. / Blue Cross Blue		
00000		00000	25-1765391				Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
										Community Behavioral			Independence Health Group, Inc.		
	Independence Health Group,									Healthcare Network of			/ Blue Cross Blue		
00936	Inc	13630	. 26-0885397				CBHNP Services, Inc	PA	I A	Pennsylvania, Inc	Ownership	61.3	Shield of Michigan.	N	
													Independence Health Group, Inc.		
							AmeriHealth Caritas Indiana.			AmeriHealth Caritas Health			/ Blue Cross Blue		
00000		00000	20-4948091				LLC	IN	NIA	Plan	Ownership	61.3	Shield of Michigan	N	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management.	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00936	Independence Health Group,	14261	45-3790685				AmeriHealth Nebraska, Inc	NE	,I A	AmeriHealth Caritas Health	.Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska.	N	
00936	Independence Health Group,	14378	45-4088232				Florida True Health. Inc	FL	IA	AmeriHealth Caritas Health	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida	N	
	THE												Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestine Health		
00000			61-1720226				Community Care of Florida, LLC	,FL FL	NIA	.Florida True Health, Inc			Choice	N	
00000		00000	37 - 1752699				FTH Clinic, LLC		NIA	Florida True Health, Inc	.Ownership	30.6	Shield of Florida Independence	N	
00572	Blue Cross Blue Shield of Michigan	. 11557	47 - 2582248				Blue Cross Complete of Michigan LLC	MI	I A	AmeriHealth Caritas Health Plan	.Ownership	30.6	Health Group, Inc. / Blue Cross Blue Shield of Michigan. Independence	N	
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc	0K	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	

Asterisk	Explanation Explanation
1	Charity

#### **SCHEDULE Y**

#### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC	2	3	4		Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the	Ç	Income/ (Disbursements) Incurred Under	10	Any Other Material Activity Not in the	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		Ordinary Course of the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95458	57 - 1032456	Select Health of South Carolina, Inc.	(13,300,000)				(106,014,194)				(119,314,194)	
00000	25-1765391	Community Behav Health Network of PA	1 1				836,067		l		836,067	
13630							, , , , , , , , , , , , , , , , , , , ,				0	
14143	27 - 3575066	CBHNP Services, Inc AmeriHealth Caritas Louisiana, Inc					(60.947.678)				(60,947,678)	
14378	45-4088232	Florida True Health, Inc.		40,000,000			(92,965,786)			<u> </u>	(52,965,786)	
14261	45-3790685	AmeriHealth Nebraska, Inc.					(8,805,639)				(8,805,639)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.	(5,600,000)				(46,482,011)		l	†	(52,082,011)	
15104	46-0906893	AmeriHealth Michigan, Inc.		14,400,000	·		(11,704,064)		ŀ	<u> </u>		
00000	23-2859523	AmeriHealth Caritas Health Plan		(466,400,000)	·····		177 , 282 , 431		ŀ	<del> </del>	(270,217,569)	
00000	23-2009020	Amerinearth Caritas nearth Pian		(400,400,000)					ļ		(270,217,309)	
00000	45-5415725	AmeriHealth Caritas Services LLC					165 , 493 , 857		ļ	<b></b>	165 , 493 , 857	
14692	20-2467931	AmeriHealth Caritas Georgia, Inc.		400 000 000			/70 505 004		ļ	<b></b>	0	
15800	47 - 3923267	AmeriHealth Caritas Iowa, Inc		432,000,000			(79 , 535 , 361)				352 , 464 , 639	
00000	27 - 0863878	PerformRx, LLC					19,638,346		ļ		19,638,346	
00000	61-1729412	PerformRx, LLC					27,573,922		ļ		27,573,922	
				(20,000,000)					ļ		(20,000,000)	
00000	61-1720226	Community Care of Florida, LLC					15,630,110		ļ		15,630,110	
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<sup>1.)</sup> Contributions for Florida True Health, Inc. - \$40,000,000 in contributions was reflected as a receivable as of December 31, 2015, which was approved by the Florida OIR on March 21, 2016 and received by the Registrant on March 9, 2016. \$20,000,000 was paid by AmeriHealth Caritas Health Plan (ACHP) and \$20,000,000 was paid by Diversified Health Services, Inc.(DHSI).

<sup>2.)</sup> AmeriHealth Caritas lowa, Inc. - \$152,000,000 in contribution was received during 2016. \$280,000,000 in contribution was reflected as a receivable as of December 31, 2016, which was approved by lowa Insurance Division on February 21, 2017 and paid by ACHP to the Registrant on February 24, 2017.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
4	MARCH FILING	Responses
1.		YES YES
2. 3.		YES
4.		YESYES
٦.	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter <b>SEE EXPLANATION</b> and provide an explanation following instance.	de will be printed below. If
	MARCH FILING	
11.		N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.		N0
14.	·	N0
15.	, ,	N0
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
20.		N0
21	APRIL FILING  Will the Long Torm Care Experience Paparting Forms he filed with the state of demicile and the NAIC by April 12	NO
21. 22.		NONO
23.	results and the second of the	NONO
24.		N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
	April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0
Explar	pation:	
	lation.	
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
10		

20.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23 26 Bar code: 

21

### **OVERFLOW PAGE FOR WRITE-INS**

M014 Additional Aggregate Lines for Page 14 Line 25.
\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Purchased Services.	0	0	570,318		570,318
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	570,318	0	570,318

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